

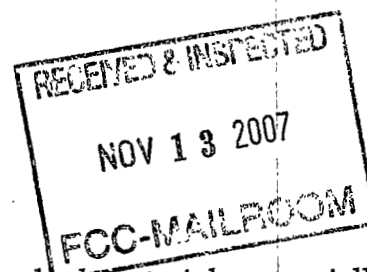
DOCKET FILE COPY ORIGINAL

JOSEPH GUTHRIE, SUPERINTENDENT

(520) 845-2275

San Simon Unified School District, San Simon AZ 85632

**TO: Federal Communication Commission
Office of the Secretary
445 12th Street SW
Washington, DC 20554**



Dear Ms. Dortch,

Please accept this letter of appeal in reference to the attached materials, especially the San Simon School Districts Form 471 Application, (number, as provided below).

(438850000622689)

CC: 02-6

As the recently appointed San Simon Unified School District Superintendent, I have found several concerns, which have occupied my time and efforts and require my plea for understanding. One such item is the district's very tardy appeal for consideration regarding the e-rate for schools and libraries. Please note that the previous Superintendent attempted to file an appeal in April 2007. However, her appeal was mailed to an incorrect location with the 471 form and, due to the district having missed the cut off for filing the 471 form, the district was not able to access the 471 form on line. Copies of the former superintendent's correspondence are attached.

My appeal is submitted with a sincere apology for the very poor management of this process. However, I would also like to assure you that such practice is not common to my leadership and our district will not repeat this mistake as long as I serve the students and community of San Simon. I would humbly request a waiver of the deadlines for submission of the 471 form, which should have been mailed many months ago and for your reconsideration as our district very much needs to participate in this program. Our finances are very limited and with an enrollment of only 114 students in a K-12 district, we simply cannot afford to overlook any financial advantage available to our district.

Thanks for your consideration and should you desire additional information please do not hesitate to call or e-mail at jguthrie@sansimon.org. I would be delighted to add more to our appeal.

Respectfully,

Joseph Guthrie
Joseph Guthrie, PhD
Attachments

No. of Copies rec'd 04/
List A B C D E

7006 0810 0004 7742 9443

U.S. Postal Service TM	
CERTIFIED MAIL TM RECEIPT	
(Domestic Mail Only. No Insurance Coverage Provided)	
For delivery information, visit our website at www.usps.com	
OFFICIAL USE	
Postage	\$ 1.11
Certified Fee	2.40
Return Receipt Fee (Endorsement Required)	1.85
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.36

San Simon AZ 85632

APP. Postmark Here

USPS

Sent To SLD FORMS	
ATTN: SLD FORM 471	
Street, Apt. No., or PO Box No. 3833 Greenway Drive	
City, State, ZIP+4 Lawrence, KS 66046	

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

SLD Forms
 Attn: SLD Form 471
 3833 Greenway Drive
 Lawrence, KS 66046

2. Article Number

(Transfer from service label)

7006 0810 0004 7742 9443

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

~~XXXXXXXXXX~~ **MAIL AGENT**

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

APR 17 2007

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☒ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

Certified Mail Provides:

PS Form 3800, June 2002 (Reverse)

- A mailing receipt
- A unique identifier for your mailpiece
- A record of delivery kept by the Postal Service for two years

Important Reminders:

- Certified Mail may **ONLY** be combined with First-Class Mail® or Priority Mail®.
 - Certified Mail is **not** available for any class of international mail.
 - **NO INSURANCE COVERAGE IS PROVIDED** with Certified Mail. For valuables, please consider Insured or Registered Mail.
 - For an additional fee, a **Return Receipt** may be requested to provide proof of delivery. To obtain Return Receipt service, please complete and attach a Return Receipt (PS Form 3811) to the article and add applicable postage to cover the fee. Endorse mailpiece "Return Receipt Requested". To receive a fee waiver for a duplicate return receipt, a USPS® postmark on your Certified Mail receipt is required.
 - For an additional fee, delivery may be restricted to the addressee or addressee's authorized agent. Advise the clerk or mark the mailpiece with the endorsement "Restricted Delivery".
 - If a postmark on the Certified Mail receipt is desired, please present the article at the post office for postmarking. If a postmark on the Certified Mail receipt is not needed, detach and affix label with postage and mail.
- IMPORTANT:** Save this receipt and present it when making an inquiry. Internet access to delivery information is not available on mail addressed to APOs and FPOs.

San Simon Unified School District #18

P. O. Box 38 2226 W. Business I-10

San Simon, Arizona 85632

Telephone (520) 845-2275

Fax (520) 845-2480

April 12, 2007

Letter of Appeal

E-Rate Funding Year 2007-2008

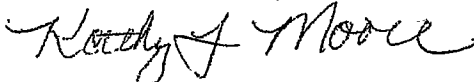
To whom it may concern:

I am including this letter of appeal with my Form 471 that is being submitted past the cut-off date. I am anew superintendent in this district and was unfamiliar with the e-rate process in this particular school District. I spent many hours trying locate the info I needed to apply for funding year 2007-2008. This coupled with the sole responsibilities of an administrator associated with working in a small district hampered my ability to file my form 470 on time to be posted 28 days and the 471 became unavailable on line.

I was directed to submit a paper copy with this letter of appeal. The form 470 was submitted on January 31, 2007. The application number is #43885000622689. Please accept my apologies for missing the deadlines and I appreciate your understanding my dilemma in this matter. I assure you this will not occur again.

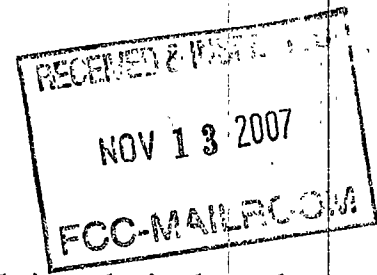
If I can be of further assistance, please do not hesitate to contact me. Thank you!

In children's service,



Kathy J. Moore

Superintendent



Estimated Average Burden Hours per Response: 4 hours

Please read instructions before beginning this application. (You can also file online at www.sl.universalservice.org.)

The instructions include information on the deadlines for filing this application.

Form 471-Application#

(Create your own code to identify THIS Form 471)

Block 1: Billed Entity Information (The "Billed Entity" is the entity paying the bills for the services listed on this form.)

f	Holiday/vacation/summer contact information:	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	366	367	368	369	370	371	372	373	374	375	376	377	378	379	380	381	382	383	384	385	386	387	388	389	390	391	392	393	394	395	396	397	398	399	400	401	402	403	404	405	406	407	408	409	410	411	412	413	414	415	416	417	418	419	420	421	422	423	424	425	426	427	428	429	430	431	432	433	434	435	436	437	438	439	440	441	442	443	444	445	446	447	448	449	450	451	452	453	454	455	456	457	458	459	460	461	462	463	464	465	466	467	468	469	470	471	472	473	474	475	476	477	478	479	480	481	482	483	484	485	486	487	488	489	490	491	492	493	494	495	496	497	498	499	500	501	502	503	504	505	506	507	508	509	510	511	512	513	514	515	516	517	518	519	520	521	522
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0 4 7 0 0 1 0 1 0

Entity Number 98153 Applicant's Form Identifier _____
 Contact Person Ruthy Moore Phone Number 520 845-2275

This information will facilitate the processing of your applications. Please complete all rows that apply to services for which you are requesting discounts. Complete this information on the FIRST Form 471 you file, to encompass this and all other Forms 471 you will file for this funding year. You need not complete this information on subsequent Forms 471. Provide your best estimates for the services ordered across ALL of your Forms 471.

Schools/school districts complete Item 7. Libraries complete Item 8. Consortia complete Item 7 and/or Item 8.

Block 2: Impact of Services Ordered on Schools

IF THIS APPLICATION INCLUDES SCHOOLS...		BEFORE ORDER	AFTER ORDER
7a	Number of students to be served		
b	Telephone service: Number of classrooms with phone service		
c	Dial-up Internet access: Number of connections (up to 56kbps)		
d	Direct broadband services: Number of buildings served at the following speeds:		
	Less than 10 mbps		
	Between 10 mbps and 200 mbps		
	Greater than 200 mbps		
e	Direct connections to the Internet: Number of drops		
f	Number of classrooms with Internet access		
g	Number of computers or other devices with Internet access		

Block 3: Impact of Services Ordered on Libraries

IF THIS APPLICATION INCLUDES LIBRARIES...		BEFORE ORDER	AFTER ORDER
8a	Number of library patrons to be served		
b	Telephone service: Number of rooms with phone service		
c	Dial-up Internet access: Number of connections (up to 56kbps)		
d	Direct broadband services: Number of buildings served at the following speeds:		
	Less than 10 mbps		
	Between 10 mbps and 200 mbps		
	Greater than 200 mbps		
e	Direct connections to the Internet: Number of drops		
f	Number of buildings with Internet access		
g	Number of computers or other devices with Internet access		

Block 4: Discount Calculation Worksheets

You must complete a separate worksheet for each group of entities sharing one or more services. If you are filing as a consortium and your members include school districts or library systems, you must complete a separate worksheet for each of those members. In addition, if you are applying for discounts for administrative buildings or other non-instructional facilities, you must complete a worksheet for all schools in the school district or all library outlets/branches in the library system in order to calculate the appropriate discount for those facilities. In general, the following columns must be completed:

INDIVIDUAL SCHOOLS:

SCHOOLS IN ONE SCHOOL DISTRICT (SHARED SERVICES):

SCHOOL DISTRICTS:

LIBRARY OUTLETS/BRANCHES

LIBRARY OUTLETS/BRANCHES IN ONE LIBRARY SYSTEM (SHARED SERVICES):

LIBRARY SYSTEMS:

CONSORTIA (after completing a worksheet or worksheet entry for each member entity as needed):

Columns 1-7 and Columns 9-10

Columns 1-10 and Item 9b, Line 1

Columns 1-10 and Item 9b, Line 1

Columns 1-7 and Column 11

Columns 1-7, Column 11, and Item 9b, Line 2

Columns 1-7, Column 11, and Item 9b, Line 2

Columns 1-2, Column 12, and Item 9b, Line 3

Please refer to the Form 471 Instructions for specific information on each item in the worksheet.

Entity Number 98153 Applicant's Form Identifier (520) 845-2275
Contact Person Kathy Moore Contact Telephone Number (520) 845-2275

Block 4: Discount Calculation Worksheet

Worksheet
Page _____ of _____

The Block 4 worksheet is used to calculate your discount for services. You will complete one or more worksheets depending on the type of application you are filing. If you file more than one worksheet, please number the completed worksheets to assure that they are all processed correctly. Please refer to the instructions for information specific to the Type of Application you indicated in Block 1, Item 5.

List entities and calculate discount(s):
School District or Library System Name: _____ School District or Library System Entity Number: _____ (For Admin)

1 Name of Eligible Entity	2 Entity Number AND NCES Code (for Schools) or FSCS Code (for Libraries)	3 Urban or Rural U or R	4 Total Number of Students	5 Number of Students Eligible for NSLP	6 Percent of Students Eligible for NSLP (Col. 5 / Col. 4)	7 Discount from Discount Matrix	8 Weighted Product for Calculating Shared Discount (Col. 4 x Col. 7)	9 Pre-K Adult Ed Or Juvenile Justice	10 Alt Disc Mech	11 Entity Number of School District in which Library Outlet/Branch is Located	12 Library Outlets/Branches
ALL ENTITIES			SCHOOLS AND LIBRARIES				Schools with Shared Services	Schools		Library Outlets/Branches	

Shared Services											
SCHOOL DISTRICTS: (Including groups of schools within school districts.) Calculate the totals of Columns 4 and 8. Divide the total of Column 8 by the total of Column 4. Enter the result in Column 13.											
LIBRARY SYSTEMS: Calculate the total of Column 7. Divide this total by the number of outlets/branches. Enter the result in Column 13.											
CONSORTIA: Calculate the total of Column 12. Divide this total by the number of member entities. Enter the result in Column 13.											

Entity Number <u>98153</u>		Applicant's Form Identifier	
Contact Person <u>Lathy Moore</u>		Phone Number <u>(520) 845-2275</u>	

Block 5: Discount Funding Request(s)
Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as needed, and number the completed pages to assure that they are all processed correctly.

Block 5, page 1 of 5

10 <input type="checkbox"/> If this is a duplicate Funding Request (e.g., of an FRN that is not yet approved, under appeal, etc.), check this box and enter the original FRN in the space provided:	
11 Category of Service (only ONE category should be checked) <input checked="" type="checkbox"/> PRIORITY 1 Telecommunications Service <input type="checkbox"/> PRIORITY 2 Internal Connections Other than Basic Maintenance <input type="checkbox"/> Internet Access <input type="checkbox"/> Basic Maintenance of Internal Connections	23 Calculations <div style="border: 1px solid black; padding: 2px;"> A. Monthly charges (total amount per month for service) <u>203.76</u> </div> <div style="border: 1px solid black; padding: 2px;"> B. How much of the amount in A is ineligible? <u>0</u> </div> <div style="border: 1px solid black; padding: 2px;"> C. Eligible monthly pre-discount amount (A minus B) <u>203.76</u> </div> <div style="border: 1px solid black; padding: 2px;"> D. Number of months service provided in funding year <u>12</u> </div> <div style="border: 1px solid black; padding: 2px;"> E. Annual pre-discount amount for eligible recurring charges (C x D) <u>2445.12</u> </div> <div style="border: 1px solid black; padding: 2px;"> F. Annual non-recurring charges <u>0</u> </div> <div style="border: 1px solid black; padding: 2px;"> G. How much of the amount in F is ineligible? <u>0</u> </div> <div style="border: 1px solid black; padding: 2px;"> H. Annual eligible pre-discount amount for non-recurring charges (F minus G) <u>0</u> </div> <div style="border: 1px solid black; padding: 2px;"> I. Total funding year pre-discount amount (E + H) <u>2445.12</u> </div> <div style="border: 1px solid black; padding: 2px;"> J. Discount from Block 4 Worksheet <u>80</u> </div> <div style="border: 1px solid black; padding: 2px;"> K. Funding Commitment Request (I x J) <u>195609.936</u> </div>
12 Form 470 Application Number <u>4388500000622689</u>	Recurring Charges Non-Recurring Charges Total Charges
13 SPIN - Service Provider Identification Number <u>143002472</u>	
14 Service Provider Name <u>Valley Telephone Cooperative Inc</u>	
15a <input checked="" type="checkbox"/> Check this box if this Funding Request is for non-contracted tariffed or month-to-month services. 15b Contract Number <u>00000000000000000000</u> 15c <input type="checkbox"/> Check this box if this Funding Request is covered under a master contract (a contract negotiated by a third party, the terms and conditions of which are then made available to an eligible entity that purchases directly from the service provider). 15d <input type="checkbox"/> Check this box if this Funding Request is a continuation of an FRN from a previous funding year based on a multi-year contract. If so, provide that FRN here: <u>00000000</u>	
16a Billing Account Number (e.g., billed telephone number) <u>00000000000000000000</u> 16b <input checked="" type="checkbox"/> Check this box if there are multiple Billing Account Numbers and attach a complete list of those numbers to this page. 17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) <u>07/01/09</u>	Recurring Charges Non-Recurring Charges Total Charges
18 Contract Award Date (mm/dd/yyyy) <u>07/01/09</u>	
19 Service Start Date (mm/dd/yyyy) <u>07/01/09</u>	
20a Service End Date (mm/dd/yyyy) <u>06/30/08</u>	
20b Contract Expiration Date (mm/dd/yyyy) <u>06/30/08</u>	Recurring Charges Non-Recurring Charges Total Charges
21 Description of This Service: <u>Phone Landline Service</u> You MUST attach a description of the service, including a breakdown of components, costs, manufacturer name, make and model number. You must include any additional account or telephone numbers if the billed account has multiple numbers. Label the description with an Attachment Number, and note number in space provided.	
22 Entity/Entities Receiving This Service: a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service: b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., 1):	

E-Rate Funding 2007-2008

Lan Lines

520-845-2275	\$29.78
520-845-2276	\$29.78
520-845-2447	\$29.78
520-845-2449	\$29.78
520-845-2480	\$29.78
520-845-2516	\$29.78
520-845-2517	\$29.78

Total Monthly Cost-	\$208.46
Total Yearly Cost-	\$2501.52
SPIN - 143002472	

Entity Number <u>98153</u>		Applicant's Form Identifier	
Contact Person <u>Kathy Moore</u>		Phone Number <u>(520)</u>	

Block 5: Discount Funding Request(s)
Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as needed, and number the completed pages to assure that they are all processed correctly.

Block 5, page 1112 of 1111

10 <input type="checkbox"/> If this is a duplicate Funding Request (e.g., of an FRN that is not yet approved, under appeal, etc.), check this box and enter the original FRN in the space provided:			
11 Category of Service (only ONE category should be checked)		23 Calculations	
<input checked="" type="checkbox"/> PRIORITY 1 Telecommunications Service <input type="checkbox"/> PRIORITY 2 Internal Connections Other than Basic Maintenance <input type="checkbox"/> Internet Access <input type="checkbox"/> Basic Maintenance of Internal Connections		<div style="display: flex; flex-direction: column;"> <div style="display: flex;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; margin-right: 5px;">Recurring Charges</div> <div> A. Monthly charges (total amount per month for service) <u>124.75</u> </div> </div> <div style="display: flex;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; margin-right: 5px;">Recurring Charges</div> <div> B. How much of the amount in A is ineligible? <u>0</u> </div> </div> <div style="display: flex;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; margin-right: 5px;">Recurring Charges</div> <div> C. Eligible monthly pre-discount amount (A minus B) <u>124.75</u> </div> </div> <div style="display: flex;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; margin-right: 5px;">Recurring Charges</div> <div> D. Number of months service provided in funding year <u>12</u> </div> </div> <div style="display: flex;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; margin-right: 5px;">Recurring Charges</div> <div> E. Annual pre-discount amount for eligible recurring charges (C x D) <u>1538.20</u> </div> </div> </div>	
12 Form 470 Application Number <u>7138850000622639</u>			
13 SPIN - Service Provider Identification Number <u>743001025</u>			
14 Service Provider Name <u>WILLIAMS TELEPHONE COOPERATIVE INC.</u>			
15a <input checked="" type="checkbox"/> Check this box if this Funding Request is for non-contracted tariffed or month-to-month services.			
15b Contract Number <u>0000000000000000</u>		<div style="display: flex; flex-direction: column;"> <div style="display: flex;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; margin-right: 5px;">Non-Recurring Charges</div> <div> F. Annual non-recurring charges <u>0</u> </div> </div> <div style="display: flex;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; margin-right: 5px;">Non-Recurring Charges</div> <div> G. How much of the amount in F is ineligible? <u>0</u> </div> </div> <div style="display: flex;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; margin-right: 5px;">Non-Recurring Charges</div> <div> H. Annual eligible pre-discount amount for non-recurring charges (F minus G) <u>0</u> </div> </div> </div>	
15c <input type="checkbox"/> Check this box if this Funding Request is covered under a master contract (a contract negotiated by a third party, the terms and conditions of which are then made available to an eligible entity that purchases directly from the service provider).			
15d <input type="checkbox"/> Check this box if this Funding Request is a continuation of an FRN from a previous funding year based on a multi-year contract. If so, provide that FRN here:			
16a Billing Account Number (e.g., billed telephone number) <u>0000000000000000</u>			
16b <input checked="" type="checkbox"/> Check this box if there are multiple Billing Account Numbers and attach a complete list of those numbers to this page.			
17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) <u>00000000</u>		<div style="display: flex; flex-direction: column;"> <div style="display: flex;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; margin-right: 5px;">Total Charges</div> <div> I. Total funding year pre-discount amount (E + H) <u>1538.20</u> </div> </div> <div style="display: flex;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; margin-right: 5px;">Total Charges</div> <div> J. Discount from Block 4 Worksheet <u>60</u> </div> </div> <div style="display: flex;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; margin-right: 5px;">Total Charges</div> <div> K. Funding Commitment Request (I x J) <u>922.92</u> </div> </div> </div>	
18 Contract Award Date (mm/dd/yyyy) <u>00000000</u>			
19 Service Start Date (mm/dd/yyyy) <u>00000000</u>			
20a Service End Date (mm/dd/yyyy) <u>070707</u>			
20b Contract Expiration Date (mm/dd/yyyy) <u>063008</u>			
21 Description of This Service: <u>Phone Center Phone Service</u> You MUST attach a description of the service, including a breakdown of components, costs, manufacturer name, make and model number. You must include any additional account or telephone numbers if the billed account has multiple numbers. Label the description with an Attachment Number, and note number in space provided.		Attachment <u>2</u>	
22 Entity/Entities Receiving This Service:		a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service: b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., 1):	

E-Rate Funding 2007-2008**Cell Phones**

520-508-2493	\$19.95
520-508-2748	\$7.95
520-508-2749	\$7.95
520-508-5133	\$7.95
520-508-5135	\$7.95
520-508-5136	\$7.95
520-508-5845	\$7.95
520-508-5038	\$7.95
520-508-2745	\$7.95
520-508-5039	\$7.95
520-508-5042	\$7.95
520-508-2747	\$29.95

Total Monthly Cost-	\$129.85
Total Yearly Cost-	\$1558.20
SPIN - 143001025	

Entity Number <u>98153</u>		Applicant's Form Identifier	
Contact Person <u>Kathy Moore</u>		Phone Number <u>(520) 845-2275</u>	
Block 5: Discount Funding Request(s) Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as needed, and number the completed pages to assure that they are all processed correctly.			
Block 5, page <u>113</u> of <u>5111</u>		FRN <u>000000000000000000</u>	
10 <input type="checkbox"/> If this is a duplicate Funding Request (e.g., of an FRN that is not yet approved, under appeal, etc.), check this box and enter the original FRN in the space provided: <u>00000000</u>			
11 Category of Service (only ONE category should be checked) <input checked="" type="checkbox"/> PRIORITY 1 Telecommunications Service <input type="checkbox"/> PRIORITY 2 Internal Connections Other than Basic Maintenance <input checked="" type="checkbox"/> Internet Access <input type="checkbox"/> Basic Maintenance of Internal Connections		23 Calculations	
12 Form 470 Application Number <u>431150000000000000</u>		Recurring Charges	
13 SPIN - Service Provider Identification Number <u>117001025</u>			
14 Service Provider Name <u>Valley Telephone Cooperative</u>			
15a <input checked="" type="checkbox"/> Check this box if this Funding Request is for non-contracted tariffed or month-to-month services.			
15b Contract Number <u>000000000000000000</u>			
15c <input type="checkbox"/> Check this box if this Funding Request is covered under a master contract (a contract negotiated by a third party, the terms and conditions of which are then made available to an eligible entity that purchases directly from the service provider).		A. Monthly charges (total amount per month for service) <u>000000000000000000</u>	
15d <input type="checkbox"/> Check this box if this Funding Request is a continuation of an FRN from a previous funding year based on a multi-year contract. If so, provide that FRN here: <u>00000000</u>		B. How much of the amount in A is ineligible? <u>000000000000000000</u>	
16a Billing Account Number (e.g., billed telephone number) <u>000000000000000000</u>		C. Eligible monthly pre-discount amount (A minus B) <u>000000000000000000</u>	
16b <input type="checkbox"/> Check this box if there are multiple Billing Account Numbers and attach a complete list of those numbers to this page.		D. Number of months service provided in funding year <u>12</u>	
17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) <u>00000000</u>		E. Annual pre-discount amount for eligible recurring charges (C x D) <u>000000000000000000</u>	
18 Contract Award Date (mm/dd/yyyy) <u>00000000</u>		F. Annual non-recurring charges <u>000000000000000000</u>	
19 Service Start Date (mm/dd/yyyy) <u>070707</u>		G. How much of the amount in F is ineligible? <u>000000000000000000</u>	
20a Service End Date (mm/dd/yyyy) <u>063008</u>		H. Annual eligible pre-discount amount for non-recurring charges (F minus G) <u>000000000000000000</u>	
20b Contract Expiration Date (mm/dd/yyyy) <u>00000000</u>		I. Total funding year pre-discount amount (E + H) <u>000000000000000000</u>	
21 Description of This Service: <u>Internet Access Dial Up</u>		J. Discount from Block 4 Worksheet <u>00</u>	
You MUST attach a description of the service, including a breakdown of components, costs, manufacturer name, make and model number. You must include any additional account or telephone numbers if the billed account has multiple numbers. Label the description with an Attachment Number, and note number in space provided.		K. Funding Commitment Request (I x J) <u>000000000000000000</u>	
22 Entity/Entities Receiving This Service:		Attachment <u>00000000</u>	
a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service:		b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., 1):	

E-Rate Funding 2007-2008

Internet Access

Total Monthly Cost-	\$250.00
Total Yearly Cost-	\$3000.00
SPIN - 143001025	

Entity Number <u>98153</u>		Applicant's Form Identifier	
Contact Person <u>Kathy Moore</u>		Phone Number <u>(520) 845-2275</u>	

Block 5: Discount Funding Request(s)
 Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as needed, and number the completed pages to assure that they are all processed correctly.

Block 5, page 1117 of 1117

10 <input type="checkbox"/> If this is a duplicate Funding Request (e.g., of an FRN that is not yet approved, under appeal, etc.), check this box and enter the original FRN in the space provided:			
11 Category of Service (only ONE category should be checked)		23 Calculations	
<input checked="" type="checkbox"/> PRIORITY 1 Telecommunications Service <input type="checkbox"/> PRIORITY 2 Internal Connections Other than Basic Maintenance <input type="checkbox"/> Internet Access <input type="checkbox"/> Basic Maintenance of Internal Connections		<div style="display: flex; align-items: center;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; margin-right: 5px;">Recurring Charges</div> <div> A. Monthly charges (total amount per month for service) <u>100625</u> B. How much of the amount in A is ineligible? <u>0</u> C. Eligible monthly pre-discount amount (A minus B) <u>100625</u> D. Number of months service provided in funding year <u>12</u> E. Annual pre-discount amount for eligible recurring charges (C x D) <u>1207500</u> F. Annual non-recurring charges <u>0</u> G. How much of the amount in F is ineligible? <u>0</u> H. Annual eligible pre-discount amount for non-recurring charges (F minus G) <u>0</u> I. Total funding year pre-discount amount (E + H) <u>1207500</u> J. Discount from Block 4 Worksheet <u>80</u> K. Funding Commitment Request (I x J) <u>96600000</u> </div> </div>	
12 Form 470 Application Number <u>413825000000000000</u>			
13 SPIN - Service Provider Identification Number <u>175002472</u>			
14 Service Provider Name <u>MOBILE TELEPHONE</u> <u>CONNECTIONS</u>			
15a <input checked="" type="checkbox"/> Check this box if this Funding Request is for non-contracted tariffed or month-to-month services.			
15b Contract Number <u>000000000000000000</u>		<div style="display: flex; align-items: center;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; margin-right: 5px;">Non-Recurring Charges</div> <div> F. Annual non-recurring charges <u>0</u> G. How much of the amount in F is ineligible? <u>0</u> H. Annual eligible pre-discount amount for non-recurring charges (F minus G) <u>0</u> I. Total funding year pre-discount amount (E + H) <u>1207500</u> J. Discount from Block 4 Worksheet <u>80</u> K. Funding Commitment Request (I x J) <u>96600000</u> </div> </div>	
15c <input type="checkbox"/> Check this box if this Funding Request is covered under a master contract (a contract negotiated by a third party, the terms and conditions of which are then made available to an eligible entity that purchases directly from the service provider).			
15d <input type="checkbox"/> Check this box if this Funding Request is a continuation of an FRN from a previous funding year based on a multi-year contract. If so, provide that FRN here:			
16a Billing Account Number (e.g., billed telephone number) <u>000000000000000000</u>			
16b <input checked="" type="checkbox"/> Check this box if there are multiple Billing Account Numbers and attach a complete list of those numbers to this page.			
17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) <u>00000000</u>		<div style="display: flex; align-items: center;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; margin-right: 5px;">Total Charges</div> <div> I. Total funding year pre-discount amount (E + H) <u>1207500</u> J. Discount from Block 4 Worksheet <u>80</u> K. Funding Commitment Request (I x J) <u>96600000</u> </div> </div>	
18 Contract Award Date (mm/dd/yyyy) <u>00000000</u>			
19 Service Start Date (mm/dd/yyyy) <u>070707</u>			
20a Service End Date (mm/dd/yyyy) <u>063007</u>			
20b Contract Expiration Date (mm/dd/yyyy) <u>00000000</u>			
21 Description of This Service: <u>Internet T-1</u> You MUST attach a description of the service, including a breakdown of components, costs, manufacturer name, make and model number. You must include any additional account or telephone numbers if the billed account has multiple numbers. Label the description with an Attachment Number, and note number in space provided.		Attachment <u>1</u>	
22 Entity/Entities Receiving This Service:		a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service: b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., 1):	

E-Rate Funding 2007-2008

**Internet Access
T-1 Circuit Monthly Cost**

Total Monthly Cost-	\$1006.05
Total Yearly Cost-	\$12072.60
SPIN - 143002472	

E-Rate Funding 2007-2008

Westel Long Distance Service

Total Monthly Cost-	\$84.68
Total Yearly Cost-	\$1016.16
SPIN - 143003000	

Entity Number

98153

Applicant's Form Identifier

Contact Person

Kathy Moore

Phone Number

(520) 845-2275

Block 6: Certifications and Signature24 ☒ I certify that the entities listed in Block 4 of this application are eligible for support because they are: (Check one or both.)

- a ☒ schools under the statutory definitions of elementary and secondary schools found in the No Child Left Behind Act of 2001, 20 U.S.C. Secs. 7801(18) and (38), that do not operate as for-profit businesses and do not have endowments exceeding \$50 million; and/or
- b ☒ libraries or library consortia eligible for assistance from a State library administrative agency under the Library Services and Technology Act of 1996 that do not operate as for-profit businesses and whose budgets are completely separate from any schools, including, but not limited to, elementary, secondary schools, colleges, or universities.

25 ☒ I certify that the entity I represent or the entities listed on this application have secured access, separately or through this program, to all of the resources, including computers, training, software, internal connections, maintenance, and electrical capacity, necessary to use the services purchased effectively. I recognize that some of the aforementioned resources are not eligible for support. I certify that the entities I represent or the entities listed on this application have secured access to all of the resources to pay the discounted charges for eligible services from funds to which access has been secured in the current funding year. I certify that the Billed Entity will pay the non-discount portion of the cost of the goods and services to the service provider(s).

a Total funding year pre-discount amount on this Form 471
(Add the entries from Items 23I on all Block 5 Discount Funding Requests.)

20124848

b Total funding commitment request amount on this Form 471
(Add the entries from Items 23K on all Block 5 Discount Funding Requests.)

1573004

c Total applicant non-discount share
(Subtract Item 25b from Item 25a.)

441894

d Total budgeted amount allocated to resources not eligible for E-rate support

0

e Total amount necessary for the applicant to pay the non-discount share of the services requested on this application AND to secure access to the resources necessary to make effective use of the discounts. (Add Items 25c and 25d.)

441894

f ☒ Check this box if you are receiving any of the funds in Item 25e directly from a service provider listed on any of the Forms 471 filed by this Billed Entity for this funding year, or if a service provider listed on any of the Forms 471 filed by this Billed Entity for this funding year assisted you in locating funds in Item 25e.

26 ☒ I certify that all of the schools and libraries or library consortia listed in Block 4 of this application are covered by technology plans that are written, that cover all 12 months of the funding year, and that have been or will be approved by a state or other authorized body, and an SLD-certified technology plan approver, prior to the commencement of service. The plans were written at the following level(s):

- a ☒ an individual technology plan for using the services requested in this application; and/or
- b ☒ higher-level technology plan(s) for using the services requested in this application; or
- c ☒ no technology plan needed; applying for basic local, cellular, PCS, and/or long distance telephone service and/or voice mail only.

27 ☒ I certify that I posted my Form 470 and (if applicable) made my RFP available for at least 28 days before considering all bids received and selecting a service provider. I certify that all bids submitted were carefully considered and the most cost-effective service offering was selected, with price being the primary factor considered, and is the most cost-effective means of meeting educational needs and technology plan goals.

28 ☒ I certify that the entity responsible for selecting the service provider(s) has reviewed all applicable FCC, state, and local procurement/competitive bidding requirements and that the entity or entities listed on this application have complied with them.

29 ☒ I certify that the services the applicant purchases at discounts provided by 47 U.S.C. Sec. 254 will be used solely for educational purposes and will not be sold, resold, or transferred in consideration for money or any other thing of value, except as permitted by the Commission's rules at 47 C.F.R. Sec. 54.500(k). Additionally, I certify that the Billed Entity has not received anything of value or a promise of anything of value, other than services and equipment requested under this form, from the service provider(s) or any representative or agent thereof or any consultant in connection with this request for services.

30 ☒ I certify that I and the entity(ies) I represent have complied with all program rules and I acknowledge that failure to do so may result in denial of discount funding and/or cancellation of funding commitments. There are signed contracts covering all of the services listed on this Form 471 except for those services provided under non-contracted tariffed or month-to-month arrangements. I acknowledge that failure to comply with program rules could result in civil or criminal prosecution by the appropriate law enforcement authorities.

Entity Number

98153

Applicant's Form Identifier

Contact Person

Kathy Moore

Phone Number

(520) 845-2275

- 31 ☒ I acknowledge that the discount level used for shared services is conditional, for future years, upon ensuring that the most disadvantaged schools and libraries that are treated as sharing in the service, receive an appropriate share of benefits from those services.
- 32 ☒ I certify that I will retain required documents for a period of at least five years after the last day of service delivered. I certify that I will retain all documents necessary to demonstrate compliance with the statute and Commission rules regarding the application for, receipt of, and delivery of services receiving schools and libraries discounts, and that if audited, I will make such records available to the Administrator. I acknowledge that I may be audited pursuant to participation in the schools and libraries program.
- 33 ☒ I certify that I am authorized to order telecommunications and other supported services for the eligible entity(ies) listed on this application. I certify that I am authorized to submit this request on behalf of the eligible entity(ies) listed on this application, that I have examined this request, that all of the information on this form is true and correct to the best of my knowledge, that the entities that are receiving discounts pursuant to this application have complied with the terms, conditions and purposes of the program, that no kickbacks were paid to anyone and that false statements on this form can be punished by fine or forfeiture under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001 and civil violations of the False Claims Act.
- 34 ☒ I acknowledge that FCC rules provide that persons who have been convicted of criminal violations or held civilly liable for certain acts arising from their participation in the schools and libraries support mechanism are subject to suspension and debarment from the program. I will institute reasonable measures to be informed, and will notify USAC should I be informed or become aware that I or any of the entities listed on this application, or any person associated in any way with my entity and/or the entities listed on this application, is convicted of a criminal violation or held civilly liable for acts arising from their participation in the schools and libraries support mechanism.
- 35 ☒ I certify that if any of the Funding Requests on this Form 471 are for discounts for products or services that contain both eligible and ineligible components, that I have allocated the cost of the contract to eligible and ineligible components as required by the Commission's rules at 47 C.F.R. Sec. 54.504(g)(1), (2).
- 36 ☒ I certify that this funding request does not constitute a request for internal connections services, except basic maintenance services, in violation of the Commission requirement that eligible entities are not eligible for such support more than twice every five funding years beginning with Funding Year 2005 as required by the Commission's rules at 47 C.F.R. Sec. 54.506(c).
- 37 ☒ I certify that the non-discount portion of the costs for eligible services will not be paid by the service provider. The pre-discount costs of eligible services featured on this Form 471 are net of any rebates or discounts offered by the service provider. I acknowledge that, for the purpose of this rule, the provision, by the provider of a supported service, of free services or products unrelated to the supported service or product constitutes a rebate of some or all of the cost of the supported services.

38	Signature of authorized person		39	Date
	<i>Kathy Moore</i>			04/15/07
40	Printed name of authorized person			
	KATHY T MOORE			
41	Title or position of authorized person			
	SUPERINTENDENT			
42a	Street Address, P.O. Box, or Route Number			
	INTERSTATE 10 BUSINESS LOOP PO BOX 138			
	City			
	SAN SIMON			
	State			
	AZ			
	Zip Code			
	85630			
42b	Telephone number of authorized person		Ext	42c Fax number of authorized person
	520 845-2275			520 845-2480
42d	E-mail address of authorized person			
	KMOORE@sanjuan.org			
42e	Name of authorized person's employer			
	SAN SIMON SCHOOL DISTRICT			

The Americans with Disabilities Act, the Individuals with Disabilities Education Act and the Rehabilitation Act may impose obligations on entities to make the services purchased with these discounts accessible to and usable by people with disabilities.

NOTICE: Section 54.504 of the Federal Communications Commission's rules requires all schools and libraries ordering services that are eligible for and seeking universal service discounts to file this Services Ordered and Certification Form (FCC Form 471) with the Universal Service Administrator. 47 C.F.R. § 54.504.

The collection of information stems from the Commission's authority under Section 254 of the Communications Act of 1934, as amended. 47 U.S.C. § 254. The data in the report will be used to ensure that schools and libraries comply with the competitive bidding requirement contained in 47 C.F.R. § 54.504. All schools and libraries planning to order services eligible for universal service discounts must file this form themselves or as part of a consortium.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

The FCC is authorized under the Communications Act of 1934, as amended, to collect the information we request in this form. We will use the information you provide to determine whether approving this application is in the public interest. If we believe there may be a violation or a potential violation of any applicable statute, regulation, rule or order, your application may be referred to the Federal, state, or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation or order. In certain cases, the information in your application may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government is a party of a proceeding before the body or has an interest in the proceeding. In addition, consistent with the Communications Act of 1934, FCC regulations and orders, the Freedom of Information Act, 5 U.S.C. § 552, or other applicable law, information provided in or submitted with this form or in response to subsequent inquiries may be disclosed to the public.

If you owe a past due debt to the Federal government, the information you provide may also be disclosed to the Department of the Treasury Financial Management Service, other Federal agencies and/or your employer to offset your salary, IRS tax refund or other payments to collect that debt. The FCC may also provide the information to these agencies through the matching of computer records when authorized.

If you do not provide the information we request on the form, the FCC may delay processing of your application or may return your application without action.

The foregoing Notice is required by the Paperwork Reduction Act of 1995, Pub. L. No. 104-13, 44 U.S.C. § 3501, et seq.

Public reporting burden for this collection of information is estimated to average 4 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing, and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the reporting burden to the Federal Communications Commission, Performance Evaluation and Records Management, Washington, DC 20554.

Please submit this form to:

**SLD-Form 471
P.O. Box 7026
Lawrence, Kansas 66044-7026**

For express delivery services or U.S. Postal Service, Return Receipt Requested, mail this form to:

**SLD Forms
ATTN: SLD Form 471
3833 Greenway Drive
Lawrence, Kansas 66046
(888) 203-8100**



Universal Service Administrative Company
Schools & Libraries Division

FORM 470 RECEIPT NOTIFICATION LETTER
(Funding Year 2007: 07/01/2007-06/30/2008)

February 08, 2007

Kathy Moore
SAN SIMON UNIFIED SCHOOL
INTERSTATE 10 BUSINESS LOOP
SAN SIMON, AZ 85632

Re: Form 470 Application Number: 438850000622689
Applicant's Form Identifier:
Billed Entity Number: 98153
Date Form 470 Posted: 01/31/2007
Allowable Contract Date: 02/28/2007
Corrections Due by: 02/28/2007

NEW FOR FUNDING YEAR 2007!!

This Form 470 Receipt Notification Letter (RNL) has been revised based on suggestions the Universal Service Administrative Company (USAC) has received from many sources, including our applicants and service providers.

The above Form 470 Application and related Certification have been received by USAC.

Attached to this RNL is a Report summarizing what information you provided to USAC for the above Form 470, "Description of Services Requested and Certification Form," 438850000622689. Also included are advisories to assist you in appropriate use of the Form 470 to establish funding requests on your Form 471.

Please review this Report carefully to verify that the information accurately reflects your request. If you identify errors,

- You will be allowed to correct certain errors through a response to this letter.
- Other errors require that you file a new Form 470.
- The Report indicates if a correction to a field is allowed. If corrections are not allowed, a new Form 470 is necessary if an error is found in a field.
- It is, therefore, critical that you review and take the appropriate corrective action as soon as possible.

Please note that this letter provides the notice required by the Bishop Perry Order (FCC 06-54, released 5/19/2006), permitting you to review and make allowable corrections to your Form 470 by 02/28/2007. To make an allowable correction, please do the following:

- Verify that the allowed correction can be made through the RNL-correction process. Any non-allowed corrections submitted through the RNL-correction process will not be made.

- Indicate any allowable corrections in the indicated spaces on the Report.
- Sign, with name, title, contact information and date.
- Submit to the address on this letter.
- Corrections must be submitted no later than 02/28/2007.
- Retain a copy of the RNL and any submitted corrections.
- *To determine what corrections are allowable and why review of this Report is important to you, see the "List of correctable ministerial and clerical errors" posted at http://www.usac.org/_res/documents/sl/pdf/List-of-Correctable-Ministerial-and-Clerical-Errors.pdf.*

REMINDERS REGARDING THE RNL

- Use the Form 470 Application Number listed above in any Form 471, Block 5 Funding Request that cites this Form 470. Share this number with those schools and/or libraries who may wish to cite this Form 470 in their Form(s) 471.
- Follow all applicable state and local procurement laws and be prepared to demonstrate compliance with these laws.

GENERAL REMINDERS

- Include appropriate contingencies in contracts for any or all of the requested services in the event of modification or denial of funding.
- See "Explanation of Form 470 RNL Report" posted in Step 3 of the applicant section of our website.
- Watch our website for information about the Form 471 filing window.
- If you would like to view your entire Form 470 posting, click the "Search Posted" button in the Apply Online Area of the website.
- Use the print feature on your browser to print any portion of your Form 470 or the entire application as posted.

COMPLETE PROGRAM INFORMATION is posted on our website. You may also contact our Client Service Bureau using the "Submit a Question" link on our website, toll-free by fax at 1-888-276-8736 or toll-free by phone at 1-888-203-8100.

Schools and Libraries Division
Universal Service Administrative Company

THIS REPORT DOES NOT CONTAIN ANY DECISIONS CONCERNING YOUR REQUESTS FOR DISCOUNTS.

USE THIS REPORT TO LIST OR INDICATE CORRECTIONS YOU WISH TO MAKE TO YOUR FORM 470.

Allowable Contract Date: 02/28/2007

This is the earliest date to execute contracts for contracted services, select your service provider(s) (including tariff/month-to-month service providers) and sign and submit your FCC Form 471, "Services Ordered and Certification Form" based on this Form 470. Any funding request with earlier dates for these activities that cite this Form 470 as the establishing Form 470 will result in denial.

Corrections Below Submitted by:

Signature: _____ Date: _____

Printed Name: _____

Title: _____

Email, Fax Number or Phone Number: _____

Item #	Data Entered on FCC Form 470	Make Corrections Here
1. Name of applicant	SAN SIMON UNIFIED SCHOOL	
3. Entity Number	98153	
6a. Contact Person's Name	Kathy Moore	
6c. Contact Telephone	520-845-2275	
6d. Contact Fax		
6e. Contact Email	kjmoore@sansimon.org	
7a. Tariffed or Month-to-Month	Y	Corrections not allowed
7b. New Written Contract		
Multi-year contract	N	Corrections not allowed
Voluntary extensions	N	Corrections not allowed
7c. Contract signed on or before 7/10/1997	N	Corrections not allowed
- Although corrections to Items 7a and 7b are not allowed, you may choose to actually utilize tariffed, month-to-month or a new contract. No Program violation will have occurred and funding will not be denied for this reason. - If you utilize tariff or month-to-month, you must post a new Form 470 next funding year, because these require annual posting. - Item 7c should be checked ONLY if your contract was signed on or before 7/10/1997.		
8. Telecommunications Service	Posted - No RFP	Corrections not allowed
9. Internet Access	Posted - No RFP	Corrections not allowed
10. Internal Connections	Not Posted	Corrections not allowed
Other than Basic Maintenance		
11. Basic Maintenance of Internal Connections	Not Posted	Corrections not allowed
- If you request funding in your Form 471 for a category indicated above as "Not Posted" and you cite this Form 470 as the establishing Form 470, you will be denied. To request funding for a non-posted category, you must submit another Form 470 and post for the mandatory 28 days. - If you indicated in this Form 470 that an RFP is available for a service but one is not, you will be denied if you cite this Form 470 as the establishing Form 470. To change information about your RFP, you must submit another Form 470 and post for the mandatory 28 days.		

12. Technical Contact Name

Telephone Number

Fax Number

Email Address

16c. Number of Entities in School District, 1
Library or Consortium

- Corrections to the number of eligible entities are allowable as long as it is not a significant departure from the scope of the original request and is due to clerical error.

17. Billed Entities

98153 - SAN SIMON UNIFIED SCHOOL

- Requests for funding of Billed Entities not listed in Item 17 and not part of the Item 3 entity will be denied.

SAC

and Libraries Division
Correspondence Unit
South Jefferson Road
Box 902
Any, New Jersey 07981

TIME SENSITIVE MATERIAL

00056
Kathy Moore
SAN SIMON UNIFIED SCHOOL
INTERSTATE 10 BUSINESS LOOP
SAN SIMON, AZ 85632

